PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

| maintenance lee nounca | uons, | 4.5 | | | | rate "FEE ADDRESS" for | |
|--|---|--|--|--|--|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission: | | | |
| 52196 | 7590 08/29 | 9/2008 | nav | | | | |
| KRIEG DEVAULT LLP ONE INDIANA SQUARE, SUITE 2800 INDIANAPOLIS, IN 46204-2709 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| | | | | | | (Depositor's name) | |
| • | | | | | | (Signature) | |
| | | | | · · · · · · · · · · · · · · · · · · · | | (Date) | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | ATTO | DRNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/825,767 FITLE OF INVENTION | | ND CUTTING TOOL PR | Mingyan Liu REPARATION ACCESSO | and the second s | SDI-343/PC273.22 HE IMPLANT | 8731 | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV, PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1440 | \$300 | \$0 | \$1740 | 12/01/2008 | |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS |] | | | |
| PREBILIC, PAUL B 37 | | 3774 | 606-084000 | • | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a | g on the patent front page, list of up to 3 registered patent attorneys alternatively, of a single firm (having as a member a orney or agent) and the names of up to atent attorneys or agents. If no name is e will be printed. Krieg Devault 2 3 | | | |
| AASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Warsaw Orthopedic, Inc. Warsaw, IN Please check the appropriate assignee category or categories (will not be printed on the patent); Individual xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | | | | | | | |
| 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Solution Solution | | | | | | | |
| a. Applicant claims | us (from status indicated SMALL ENTITY statu | i above) s. See 37 CFR 1.27. | ☐ b. Applicant is no long | ger claiming SMALL EN | TITY status. See 37 CF. | R 1.27(g)(2). | |
| NOTE: The Issue Fee and nterest as shown by the r | l Publication Fee (if requeecords of the United State | uired) will not be accepted tes Patent and Trademark | l from anyone other than the Office. | ne applicant; a registered | attorney or agent; or the | assignee or other party in | |
| Authorized Signature | Gelbert | | | Date | -08 | Þ | |
| Typed or printed name Gilberto Hernandez Registration No. 46,483 | | | | | | | |
| This collection of information application. Confident submitting the completed his form and/or suggestions 1450, Alexandria, Valexandria, Virginia 223 | ation is required by 37 C iality is governed by 35 application form to the ons for reducing this buringinia 22313-1450. DO 13-1450. | FR 1.311. The informatio U.S.C. 122 and 37 CFR 1 USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C | on is required to obtain or re 1,14. This collection is est depending upon the indivi- chief Information Office COMPLETED FORMS TO | etain a benefit by the pub imated to take 12 minute idual case. Any commen r, U.S. Patent and Trader D THIS ADDRESS. SEN | lic which is to file (and is to complete, including its on the amount of times of the complete of the commissioner for the complete commissioner for the commissioner for t | by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450, | |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.